

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

R.R. Donnelley & Sons Company Good Government Fund

ADDRESS (number and street)

111 S. Wacker Dr.☐ (Check if address is changed)**Chicago****IL****60606**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

carrie.gladney@rrd.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

312-326-84942. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

3. FEC IDENTIFICATION NUMBER

C C000339774. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Mr. Michael D. Manzella**Signature of Treasurer Electronically Filed by **Mr. Michael D. Manzella**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

R.R. Donnelley & Sons Company Good Government Fund

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Carrie L Gladney**

Mailing Address **111 S. Wacker Dr.**

Chicago **IL** **60606** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Coordinator, Externa **312** **326** **8031**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Michael D. Manzella**

Mailing Address **111 S. Wacker Dr.**

Chicago **IL** **60606** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

VP EH&S **312** **326** **8031**

Telephone number - -

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Lakeside Bank

Mailing Address

55 W. Wacker Dr.

Chicago

IL

60601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲